Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES			PAGE 73 OF 74 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
PAC for a Change			
			C C00342048
Check if 24-hour report 48-hour report	New repo	ort Amends report	filed on M M / D D / Y Y Y Y
Full Name of Payee Rose Kapolczynski Consulting Inc.		☐ Memo It	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 02 / Public Distribution/Dissemination
Mailing Address 969 Colorado Blvd			02 10 2510
Ste 103			Amount
City	State	Zip Code	1500.00
Los Angeles	CA	90041-1755	Transaction ID : VTD7PA4QC84 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Buy		Category/ Type	02 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 21
Valadao, David, , ,		X Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, , ,		Disbursement For: x Primary General 2018 Other (specify) ▶
Full Name of Payee Rose Kapolczynski Consulting Inc.		☐ Memo It	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution Date
Mailing Address 969 Colorado Blvd Ste 103			Amount
City	State	Zip Code	1500.00
Los Angeles	CA	90041-1755	Transaction ID : VTD7PA4QC92 Date of Disbursement or Obligation
Purpose of Expenditure Non-Contribution Account: Media Buy		Category/ Type	02 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 45
Walters, Mimi, , ,		x Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	4500.00	Disbursement For: x Primary General 2018 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			3000.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Farar, Sim, , ,	Electronically File	ed] Date	03 20 7 2018